

Web Check Waiver

I hereby certify that I have given agency 9SF690 – Alliance Community Hospital permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I).

By placing my fingerprint images on the WEBCHECK Scanner, I am authorizing BC&I to release criminal history information about me to the person(s)/agencies identified in this request for a period of one year from the date of this transaction.

I hereby release BC&I and any and all individuals identified in this request from all liability in connection with the dissemination of such criminal history information.

PRINT

DATE

SIGNATURE

PARENT/GUARDIAN SIGNATURE REQUIRED FOR INDIVIDUALS UNDER 18 YEARS OF AGE.

PARENT/GUARDIAN SIGNATURE

DATE

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Date: _____

To: Alliance Community Hospital

You are hereby requested and authorized to Direct Deposit into the following bank Account:

_____ Net Pay - OR- \$ _____ - A portion of my net pay

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____

Account Number: _____

Checking Account: _____ Savings Account: _____ Check One

ATTACH VOIDED CHECK

Is there a Direct Deposit to be inactivated? _____

Which one? _____

Signature

Colleague Number

Please return this form to the Alliance Community Hospital PAYROLL OFFICE.

DO NOT use this form for BUCKEYE CREDIT UNION Direct Deposit!!

Confidentiality Of Patient Health Information

In a healthcare facility, **Confidentiality** is not a choice of life; it is a way of life essential to the best in patient care. Each colleague, volunteer, and student is responsible for upholding the code of ethics for this facility which includes:

“All information gathered regarding a patient, the patient’s personal life, and the care rendered to the patient, must be treated confidentially.” Each colleague, volunteer, and student has both a moral and legal obligation to guard against inappropriate release of confidential information.

Patients and their families must have assurance that their medical information as well as their personal quirks will not be passed on to others unless the patient specifically requests that the information may be released. The permission to release confidential information **MUST** be in writing.

“THINK BEFORE YOU SPEAK.” Colleagues, volunteers, and students must be aware of where, to whom, and what about they are speaking. Carelessness can lead to a breach of patient’s privacy. There is never a right way to say a wrong thing.”

Colleagues, volunteers, and students must guard against inappropriate viewing of a medical record. Not all colleagues are engaging in treatment of the patient and therefore, must have a bona fide reason to view the medical record. Viewing of medical record charts must be coordinated through Medical Records Services.

“WHEN IN DOUBT, DON’T GIVE IT OUT.” It is always better to not release information when there is a doubt. Colleagues, volunteers, and students are better protected by refusing to give information than they are if they breach confidentiality.

I understand the importance of and agree that in the performance of my duties as a colleague/volunteer/student of Alliance Community Hospital, I must hold patient information in confidence. I also understand that my intentional or involuntary failure to maintain the confidentiality for this information and/or the security of the hospital’s medical records may result in my immediate dismissal from employment or the expulsion from the clinical program/observation experience by Alliance Community Hospital. I further understand that breach of confidentiality may result in possible legal action as may be imposed by State and Federal legislation which action might include possible fine or imprisonment.

Signature: _____

Date: _____

A COPY OF THIS WILL BE A PART OF YOUR ACH FILE

ALLIANCE COMMUNITY HOSPITAL
Equal Employment Opportunity

We are required to maintain records for our EEO and/or Affirmative Action Plan and require that you complete the information that applies to you. The information is confidential and will be used solely for statistical purposes. The information will not affect your employment with Alliance Community Hospital for which you are qualified.

Please check the appropriate box:

GENDER

- Male
- Female

RACE AND ETHNICITY

- Hispanic or Latino
Ethnicity: Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- White (Not Hispanic or Latino)
Race: White—A person having origins in any of the original peoples of Europe, the middle East, or North Africa.

- Black or African American (Not Hispanic or Latino)
Race: Black or African American—A person having origins in any of the Black racial groups of Africa.

- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
Race: Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other pacific Islands.

- Asian (Not Hispanic or Latino)
Race: Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- American Indian or Alaska Native (Not Hispanic or Latino)
Race: American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

- Two or more Races (not Hispanic or Latino)
Race: Two or More Races—All persons who identify with more than one of the above five races.

Print Name

Colleague Signature

Clock #

Date

Colleague Emergency Notification

Notify: _____

Relationship: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Other: _____

Please list 2nd contact if unable to reach the above

Notify: _____

Relationship: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Other: _____

Alliance Community Hospital
Abbreviated Computer and Network Access
Security Policy and Procedure

Effective Date: June 14, 1995

POLICY: Alliance Community Hospital uses computer information systems to meet our clinical, financial, and informational needs. We deem the data and information processed in these systems as proprietary and confidential. Users must understand the confidential nature of the information, understand their responsibility for keeping the information secure, and know the ramifications of any violations of security.

The organization grants access to only the necessary components of the computer system required for the individual to complete his or her job.

A *security code* (i.e., password, access code) is a unique sequence of letters and/or numbers used to access the computer systems. Security codes should be at least 8 characters in length, using a combination of letters and numbers. Security codes should not be obvious words or numbers, such as birth dates, phone numbers, children's names, etc. The security code will expire every three months and you will be asked to select a new one. You can only re-use a password after twelve months have passed. The security code becomes part of the audit trail and attaches the user to every keystroke entered under the security code. *The user must not intentionally or unintentionally share their security codes with any other person.* The user has responsibility for every entry (i.e., transaction) made under the security code. *Attempting to gain unauthorized access to information contained in the computer systems by any method, including the use of another person's security code, violates the security agreement and the unauthorized person subjects themselves to disciplinary action up to and including termination and criminal prosecution.*

The *computer systems* include all electronic devices used to store, transmit, and/or manipulate data about customers, employees, users, providers, strategic plans, etc. The system includes the Hospital Information System (HIS), all software used on the network, laptop computers, archived media, and back-up media.

PROCEDURE:

1. The Department Director will secure the necessary training for all applicants to ensure proper system operation.
2. The Department Director will determine which systems and which operations within a system that the applicant will need to access.
3. The Department Director will notify the Director of Information Technology, using the "Computer Access Request Form," of the need for a security code and the systems access requirements.
4. The user will operate a system using his/her own individual security code as instructed during training. The user may not borrow someone else's security code or "share" his/her security code.
5. The user must exit the system when completed with his/her computer functions. The user should never leave a terminal or personal computer unattended while they are signed onto the system.
6. The user will sign the appropriate Security Agreement and/or Internet and Electronic Mail Code of Conduct.

APPROVAL:
Chief Executive Office

APPROVAL:
Director of Information Technology

******Colleague Copy Only******

Alliance Community Hospital
Computer Security Agreement

Alliance Community Hospital uses computer information systems to meet our clinical, financial, and informational needs. We deem the data and information contained and processed in these systems as proprietary and confidential. We must restrict access to our computer systems and their data to the minimum necessary for completion of your job. The use of security codes controls access to the computer systems and also provides an audit trail of the access. No other person other than the owner may use this individually unique security code.

By signing this form you acknowledge that you have received and have read a copy of the Abbreviated Computer and Network Access Security Policy and Procedure. You will find the complete policy in the Administration Policy and Procedure manual and/or on the Hospital Intranet.

1. Your security code, which will allow you to access your authorized functions and may serve as an electronic signature, is **HIGHLY CONFIDENTIAL**.
2. If you divulge your security code to another individual, you have violated this agreement and become subject to disciplinary action, up to and including discharge and/or criminal prosecution.
3. To prevent unauthorized access to confidential information, you are responsible to sign-off (exit to Good-bye) the computer system when you leave the terminal or personal computer unattended.

Internet and Electronic Mail Code of Conduct

I will abide by the following rules, codes, and guidelines when accessing the Internet and electronic mail.

I will use:

1. Licensed software installed by Information Technology (IT) department
2. The internet and/or e-mail in an effective, productive, ethical, and lawful manner and avoid:
 - a. Excessive inbound messages or files
 - b. Interfering with the work of others
 - c. Violating another's privacy
 - d. Excessive use of business chat rooms and/or list servers
 - e. Advancing my own personal or individual views
 - f. Using e-mail or the Internet for my own personal gain
3. My own password
4. Up to date antiviral software when downloading files
5. Electronic mail and the internet for business purposes only
6. E-mail as official company mail and not access mail intended for other recipients, unless the recipient grants access.

I understand Alliance Community Hospital specifically prohibits the following practices:

1. Transmission of messages under an assumed name
2. Non-business chat sessions
3. Downloading of pornographic and/or obscene material
4. Accessing pornographic and/or offensive material
5. Transmission of copyrighted or Intellectual property unless duly authorized
6. Transmission of chain letters
7. Sending fraudulent, harassing, and/or obscene messages or graphics
8. Solicitation of non-company business

To maintain a properly functioning and secure system, I will

1. Check e-mail daily
2. Delete unwanted messages immediately
3. Download needed messages to a disk (contact IT for help)
4. Never assume my mail is secure and I will take other precautions to protect sensitive material (contact IT for help)
5. Keep central system files to a minimum
6. Routinely scan my PC for viruses
7. Report any virus activity or security incidents to the IT department immediately

I understand

1. All messages created, sent, or retrieved over the Internet remain the property of ACH
2. Violation of the Code of Conduct can result in revocation of my access, disciplinary action, and/or criminal prosecution
3. My obligation to notify the IT Department immediately if I discover a violation of the Code of Conduct by employees, volunteers, or physicians
4. ACH has a right to access, monitor, and disclose all message and files on the computer network system(s) or individual PC's for violations of application laws
5. The content and maintenance of my PC and disk storage area is my responsibility (contact IT for guidance)

Applicant's Printed Signature: _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

IMPORTANT NOTICE TO PHYSICIANS AND HEALTHCARE FACILITIES

Under the Ohio Medical Practices Act, there are a number of Ohio laws that effect medical records. These laws pertain to all privileged patient medical record information, in both paper and computerized form. Violation of these laws can result in the loss or suspension of the Physicians medical license, if it can be demonstrated that the private nature of the Physician-Patient privilege has been violated. This Physician liability can be extended to any person who gains access or is authorized to privileged information that the physician is bound to hold confidential. If a security code is issued to the physician, and then distributed to colleagues, office managers, staff etc., the **PHYSICIAN** becomes liable for any breach of the Physician-Patient Confidentiality statutes and laws. Alliance Community Hospital **DOES NOT** condone the sharing and dispensing of security codes for any purpose whatsoever. Any person requiring access to the Alliance Community Hospital computer system can obtain the appropriate access by completing an application for Computer Access and Security Codes. Applications can be obtained from the Department of Information Technology.

********This form will be kept with the Applicant's records at Alliance Community Hospital********

COMMUNITY CARE CENTER RESIDENTS HAVE A RIGHT TO:

- A safe, clean living environment
- Be treated with courtesy and respect in full recognition of dignity and individuality
- Adequate and appropriate medical treatment, nursing care, and other services that comprise necessary and appropriate care consistent with the program for which the resident contracted and without regard to source of payment
- Have all reasonable requests and inquires responded to promptly
- Have clothes and bed linens changed as need arises to ensure comfort and sanitation
- Be free from chemical and physical restraints, except under close supervision and orders of the physician to treat medical symptoms
- Retain and use personal possessions and to have them secured. Unrestricted access to personal property
- Be free from verbal, sexual, physical, or mental abuse, corporal punishment, and involuntary isolation
- Prompt efforts by the facility to resolve resident grievances, including those regarding the behavior of other residents
- Obtain the name, specialty, and means of contacting attending physician and other persons responsible for coordinating care
- Communicate with physician and obtain current information on health status
- Give or withhold informed consent for treatment, and to refuse to serve as research subject
- To be fully informed in advance about care and treatment
- Participate in planning care and treatment (or changes in), unless adjudged incompetent or found to be incapable of understanding his/her rights as documented by physician in medical records
- To have access to medical records. To inspect and purchase photocopies of all records pertaining to the resident, upon written request 48 hours notice to the facility
- Obtain physician of choice and pay fair market price for drugs
- Consume alcoholic beverages and use tobacco unless medically contraindicated
- Retire and rise on own schedule per request as long as this does not disturb other residents
- Observe religious obligations and activities and to maintain cultural and individual identity
- To participate in social and community groups, and to interact with members of the community, both inside and outside the facility
- Have changes in health status reported to sponsor or guardian
- Organize and participate in resident groups in the facility. Resident families have the right to meet in the facility with families of other residents of the facility
- Choose activities, schedules, and health care consistent with his or her interests, assessment, and plan of care, and to make choices about his or her life in the facility that are significant to the resident
- Share a room with his or her spouse when married residents live in the same facility and both spouses consent. This includes the right to conjugal privacy
- Self administer drugs unless determined unsafe by interdisciplinary team, including physician
- Refuse to perform services for the facility or to perform services on voluntary or paid basis when need and desire are documented in resident's plan of care
- Privacy during medical examinations and personal care
- Private, unrestricted communications, to include sending and receiving unopened mail, access to telephone, and private visits at any reasonable hour, subject to resident consent

- **Close room doors and not have them opened without knocking**
- **Withhold payment to physician if physician did not visit**
- **Confidentiality of records and to give and withhold consent for release of information**
- **Exercise all civil rights unless adjudged incompetent**
- **Be informed of basic rate charges, services offered by the home, and charges for additional services, and to 30 days notice of rate changes**
- **Receive and review itemized bills for charges**
- **Manage own financial affairs. To request in writing that the facility manage Medicaid personal allowance and receive quarterly accounting of financial transaction**
- **Be free from transfer or discharge except for medical reasons, nonpayment, revocation of facility's license or certification, or emergency conditions**
- **Receive notice before changes in room or roommate**
- **Examine most recent survey of facility conducted by federal and state surveyors and any plan of correction in effect**
- **To voice grievances, recommendations, and exercise all rights free from restraint, interference, coercion, discrimination, or reprisal**
- **To file a complaint with the Ohio Department of Health concerning resident abuse, neglect, or misappropriation of resident property in the facility**
- **Receive information and/or visits from resident advocate agencies and the opportunity to contact such agencies including state and federal regulatory agencies and state long term care ombudsman, subject to resident consent**
- **To have rights exercised by person appointed under state law to act on resident' behalf in cases where a resident is adjudged incompetent by a court of competent jurisdiction**

I certify that the above Resident Rights has been presented to me in writing, I have read them and I fully understand them.

Employee Signature

Date

**REGULATORY AGENCIES AND RESIDENT ADVOCATES
Stark County**

Ohio Department of Health
246 North High Street
PO Box 118
Columbus, OH 43266-0118
(614) 466-3543

Ohio Department of Health
Cambridge District Office
107 North Sixth Street
Cambridge, OH 43725
(614) 432-3012

The Ohio Department of Health is responsible for licensing, certification, and applicable surveys of nursing homes and residential care facilities.

Area Agency on Aging, 10B Inc.
1550 Corporate Woods Parkway
Suite 100
Uniontown, OH 44685
(800) 421-7277

State Long Term Care Ombudsman
Ohio Department of Aging
50 West Broadway Street
Columbus, OH 43215-0501
(800) 282-1206

The office of the Long Term Care Ombudsman is responsible for providing information on how to select a long term care facility, how and where to find information about financing long term care and how to deal with concerns about the quality of care.

Ohio Legal Rights
8 East Long Street, 5th Floor
Columbus, OH 43215
(800) 282-9181

Advocates on behalf of mentally retarded residents in nursing homes

Ohio Department of Human Services
30 East Broad Street
Columbus, OH 43266-0501
(614) 466-7987

Responsible for administering the Medicaid Program. Division of Long Term Care- Responsible for monitoring the quality of care of residents in Long Term Care Facilities and reimbursing Long Term Care Facilities for delivery and administration of services.

County Department of Human Services
220 Tuscarawas East
Canton, OH 44702
(330) 452-4661

Responsible for providing application for and making determination of Medicaid eligibility.

Employee Signature

Date

3721.16 Community Care Center Residents' rights concerning transfer or discharge

For each resident of a home, notice of a proposed transfer or discharge shall be in accordance with this section.

(A) (1) The administrator of a home shall notify a resident in writing and the resident's sponsor in writing by certified mail, return receipt requested, in advance of any proposed transfer or discharge from the home. The administrator shall send a copy of the notice to the state department of health. The notice shall be provided at least thirty days in advance of the proposed transfer or discharge, unless any of the following applies:

- (a) The resident's health has improved sufficiently to allow a more immediate discharge or transfer to a less skilled level of care;
- (b) The resident has resided in the home less than thirty days;
- (c) An emergency arises in which the safety of individuals in the home is endangered;
- (d) An emergency arises in which the health of individuals in the home would otherwise be endangered;
- (e) An emergency arises in which the resident's urgent medical needs necessitate a more immediate transfer or discharge

In any of the circumstances described in divisions (A)(1) (a) to (e) of this section, the notice shall be provided as many days in advance of the proposed transfer or discharge as is practicable.

(2) The notice required under division (A)(1) of this section shall include all of the following:

- (a) The reasons for the proposed transfer or discharge;
- (b) The proposed date the resident is to be transferred or discharged;
- (c) The proposed location to which the resident is to be transferred or discharged;
- (d) Notice of the right of the resident and the resident's sponsor to an impartial hearing at the home on the proposed transfer or discharge, and of the manner in which and the time within which the resident or sponsor may request a hearing pursuant to section 3721.161 of the Revised Code;
- (e) A statement that the resident will not be transferred or discharged before the date specified in the notice unless the home and the resident, or if the resident is not competent to make a decision, the home and the resident's sponsor agree to an earlier date;
- (f) The address of the legal services office of the department of health;
- (g) The name, address, and telephone number of a representative of the state long-term care ombudsperson program, and if the resident or patient has a developmental disability or mental illness, the name, address, and telephone number of the Ohio legal rights service.

(B) No home shall transfer or discharge a resident before the date specified in the notice required by division

(A) of this section unless the home and the resident, or if the resident is not competent to make a decision, the home and the resident's sponsor agree to an earlier date.

(C) Transfer or discharge actions shall be documented in the resident's medical record by the home if there is a medical basis for the action.

(D) A resident or resident's sponsor may challenge a transfer or discharge by requesting an impartial hearing pursuant to section 3721.161 of the Revised Code, unless the transfer or discharge is required because of one of the following reasons:

(1) The home's license has been revoked under this chapter;

(2) The home is being closed pursuant to section 3721.08, sections 5111.35 to 5111.62, or section 5155.31 of the Revised Code;

(3) The resident is a recipient of Medicaid and the home's participation in the Medicaid program has been involuntarily terminated or denied by the federal government.

(4) The resident is a beneficiary under the medicare program and the home's certification under the medicare program has been involuntarily terminated or denied by the federal government

(E) If a resident is transferred or discharged pursuant to this section, the home from which the resident is being transferred or discharged shall provide the resident with adequate preparation prior to the transfer or discharge to ensure a safe and orderly transfer or discharge from the home, and the home shall have accepted the resident for transfer or discharge.

(F) At the time of a transfer or discharge of a resident who is a recipient of Medicaid from a home to a hospital or for therapeutic leave, the home shall provide notice in writing to the resident and in writing by certified mail, return receipt requested, to the resident's sponsor, specifying the number of days, if any, during which the resident will be permitted under the Medicaid program to return and resume residence in the home and specifying the Medicaid program's coverage of the days during which the resident is absent from the home. An individual who is absent from a home for more than the number of days specified in the notice and continues to require the services provided by the facility shall be given priority for the first available bed in a semi-private room.

Colleague Signature

Date

Vehicle Registration

Name: _____ Clock #: _____

Department: _____

Number of Vehicles: _____ Model: _____ Make: _____

Year: _____ License Please No: _____

Return to Protective Services

ALLIANCE COMMUNITY HOSPITAL

DEPARTMENT: COLLEAGUE RELATIONS

APPROVED BY: CONNIE POULTON, SPHR., V.P. OF COLLEAGUE RELATIONS

PREPARED BY: NICOLE RUSS, DIRECTOR OF COLLEAGUE RELATIONS

REVISION DATES: 7/96, 3/97, 8/98, 01/00, 01/02, 03/02, 02/05, 03/06, 06/07, 05/08, 04/11

TITLE: SEXUAL HARASSMENT

Policy

Sexual Harassment and Other Discriminatory Harassment. ACH is committed to a work environment in which all Colleagues are treated with dignity and respect. ACH supports the right of all Colleagues to work in an environment free of sexual harassment and other discriminatory and unlawful harassment. Sexual harassment and harassment on the basis of race, color, religion, age, gender, disability or handicap, national origin, or veteran status, is strictly forbidden and will not be tolerated.

This harassment policy applies to all applicants and Colleagues and prohibits harassment, discrimination, and retaliation whether engaged in by a fellow Colleague, a supervisor, a manager, or someone not directly connected with ACH (e.g., vendor, consultant, patient).

Sexual Harassment. While it is not easy to define precisely what harassment is, sexual harassment involves unwelcome conduct of a sexual nature in which:

- (a) Submission to such conduct is clearly stated or implied as being a term or condition of an individual's employment;
- (b) Submission to, or rejection of, such conduct by an individual is used as the basis for any employment decision affecting that individual; or
- (c) The existence of such conduct is sufficiently severe or pervasive to create an abusive or hostile working environment. Examples include offensive sexual flirtations; advances or propositions; continued or repeated verbal abuse of a sexual nature; graphic or degrading verbal comments about an individual or an individual's appearance; the display of sexually suggestive objects or pictures; or any other sexually offensive or abusive physical contact or gestures.

Such conduct, regardless of who commits it, is prohibited. Anyone found to have engaged in sexual harassment will be subject to disciplinary action up to and including termination.

Other Discriminatory Harassment. Other discriminatory harassment includes intimidation, ridicule, or insults that:

- (d) Unreasonably interferes with an individual's work performance;
- (e) Creates an abusive or hostile work environment; or
- (f) Otherwise adversely affects an individual's employment opportunities.

This type of discriminatory harassment applies to such conduct, which is based on an individual's race, color, religion, age, gender, disability or handicap, national origin, veteran status, or other legally-protected characteristic. It includes actions such as repeated verbal abuse; the circulation of written material that demeans or exhibits hostility or dislike toward an individual or any of the aforementioned groups of persons; or inappropriate jokes or slurs. As with sexual harassment, such conduct likewise is prohibited and will subject the person engaging in it to disciplinary action up to and including termination.

Retaliation. All Colleagues also shall be protected from retaliation for making a complaint or for assisting in an investigation concerning allegations of unlawful harassment. Retaliation includes disciplining, reassigning, lowering a performance appraisal or threatening or intimidating a Colleague because he or she complained about harassment or participated in an investigation concerning unlawful harassment. This type of retaliation is strictly prohibited and individuals engaging in retaliatory behavior will be subject to disciplinary action.

Since there may be some confusion over what actually constitutes sexual or other unlawful harassment, any conduct of this type which offends you or makes you feel uncomfortable should be reported. Keep in mind that ACH cannot address problems it does not know about. So, if you think you are a victim of unlawful harassment, or are being retaliated against in violation of this policy, you must notify Colleague Relations, your direct supervisor and/or ACH management.

Reporting Procedure. Any Colleague, who feels that he or she is a victim of unlawful harassment, should notify one or more of the following: Immediate Supervisor, Department Director, Colleague Relations Coordinator, or Vice President of Colleague Relations. A complaint form is available in Colleague Relations or it can be a verbal or written complaint on a regular paper and given to one of the above. In any event, the person receiving notification must notify the Vice President of Colleague Relations. Confidentiality will hold high priority during the investigation in order to protect the interests of those involved. An investigation of all facts will determine if unlawful harassment or any type of harassment has occurred. If so, appropriate disciplinary action will be taken up to and including possible termination

Investigation into Complaints of Harassment or Retaliation. ACH treats any allegation of unlawful harassment or retaliation seriously. Allegations of violations of this policy will be investigated in a timely and confidential manner. A confidential manner means within the bounds necessary to conduct an effective investigation, and that information will be divulged only on a need-to-know basis. ACH will take appropriate remedial and disciplinary action whenever it determines that this policy has been violated.

Since there may be some confusion over what actually constitutes sexual or other unlawful harassment, any conduct of this type which offends you or makes you feel uncomfortable should be reported. Keep in mind that ACH cannot address problems it does not know about. So, if you think you are a victim of unlawful harassment, or are being retaliated against in violation of this policy, you must notify Colleague Relations, your direct supervisor and/or ACH management.

ACH provides annual training for all colleagues.

The sexual harassment policy will be posted in Colleague Relations. The policy is addressed in the policy manual and the Colleague Handbook. Each new colleague is required to read and sign upon employment.

Colleague Signature

Date